

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR ~~(WELL)~~ - (GAS) ALLOWABLE

Dual Completion
~~Recompletion~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Eunice, New Mexico
(Place)

1-17-58
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Continental Oil Company Lockhart B-14 "A" Well No. 2-TB, in SE 1/4 SE 1/4,

(Company or Operator)

P

Sec. 14

T. 21S

(Lease)

R. 37E

NMPM,

Tubb

Pool

Unit Letter

Lea

Started 11-5-57

Date Well Completed

1-14-58

County Date

Elevation 3424'

Total Depth

7446'

PBTD

6902'

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P
			X

Top Oil/Gas Pay 6163'

Name of Prod. Form.

Tubb

PRODUCING INTERVAL -

Perforations 6163-87', 6200-18', 6233-87'

Open Hole

Depth

Casing Shoe 7446'

Depth

Tubing 6206'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 2650 MCF/Day; Hours flowed 24

Choke Size AOF Method of Testing: Back Pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): See remarks

Casing Press. _____ Tubing Press. _____ Date first new oil run to tanks _____

Oil Transporter Shell Pipe Line Corp.

Gas Transporter El Paso Natural Gas Co.

Remarks: LC 032096 b. Treated w/1000 gals acid, sandfraced w/10,000 gals crude w/1# sand and 0.1# Adomite per gal in two equal stages, using 50 ball sealers between stages.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____

Continental Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

(Signature)

Title District Superintendent

Send Communications regarding well to:

Name Mr. J. R. Parker

Address Box 68, Eunice, New Mexico